

JOB DESCRIPTION -- PERFORMANCE REVIEW SUMMARY SHEET

JOHNS HOPKINS HEALTH SYSTEM CORPORATION / THE JOHNS HOPKINS HOSPITAL

Employee Name: _____

Job Title: _____

Department: _____ CC#: _____

Manager Name: _____

Check one:

Initial Assessment Review / Date _____

Mid-year Progress Check / Date _____

Annual Performance Review / Date _____

Review Period (Dates Covered) From: _____ To: _____

OVERALL PERFORMANCE		POINTS	OVERALL PERFORMANCE LEVELS
RATING	SCORE		
1		Up to and including 1.8	Employee <i>DOES NOT MEET overall job standards.</i>
2		Above 1.8, up to and including 2.5	Employee <i>is performing overall job standards at a PROFICIENT level.</i>
3		Above 2.5, up to and including 2.69	Employee <i>significantly exceeds overall job standards at a HIGHLY PROFICIENT level.</i>
4		2.7 and above	Employee <i>significantly exceeds overall job standards at an OUTSTANDING level.</i>

MAINTAIN A COPY OF THE FOLLOWING DOCUMENTS IN YOUR DEPARTMENTAL FILE:

- Performance Management Review
- Employee Educational Record (updated)
- Age-Specific Criteria Documents (as applicable)
- Skills Checklist (as applicable)

JOB REQUIREMENTS:

- | | | | |
|----------------------------------|---------|--------|---------|
| 1) Conflict of Interest | Yes ___ | No ___ | N/A ___ |
| 2) TB Test (if applicable) | Yes ___ | No ___ | N/A ___ |
| 3) Valid license (if applicable) | Yes ___ | No ___ | N/A ___ |

Evaluator Name: _____

Evaluator Signature: _____

Management Signature: _____
(If applicable)

Employee Signature: _____

Performance Review Completion Date: _____